



New Hampshire Continuing Education PROVIDER CONTACT FORM

This form is required of all New Providers

Please submit the completed form and "NH Continuing Education Course Application" to:

NH Insurance Department

Continuing Education

21 South Fruit St Ste 14

Concord NH 03301

For questions, please call 603-271-0203

May 07, 2008

Provider Name _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Business address (If different from above)

Street _____ City _____ State _____ Zip _____

Website _____

Contact Info:

Name _____

Title _____

Phone _____ Fax _____ Email _____

Alternative Contact:

Name _____

Title _____

Phone _____ Fax _____ Email _____

Please select from options provided:

☐ Professional /Proprietary

☐ Insurance Company

☐ College/University

☐ Other (specify) _____